

PLANNING BOARD
TOWN OF NEW WINDSOR

AS OF: 07/09/2008

PAGE: 1

LISTING OF PLANNING BOARD **AGENCY APPROVALS**

FOR PROJECT NUMBER: 8-10

NAME: LOUIE'S AUTO DRIVING SCHOOL
APPLICANT: LUIS MERCACO

	DATE-SENT	AGENCY-----	DATE-RECD	RESPONSE-----
ORIG	06/23/0808	MUNICIPAL HIGHWAY	/ /	
ORIG	06/23/0808	MUNICIPAL WATER	/ /	
ORIG	06/23/0808	MUNICIPAL SEWER	/ /	
ORIG	06/23/0808	MUNICIPAL FIRE	07/07/2008	DISAPPROVED
		. 30 FT. FIRE DEPT ACCESS REQUIRES APPARATUS TO JUMP CONCRETE		
		. CURB.		
ORIG	06/23/0808	NYS DOT	/ /	
ORIG	06/23/0808	E911	/ /	
ORIG	06/23/0808	O.C. PLANNING	/ /	
ORIG	06/23/0808	O.C. HEALTH DEPT.	/ /	
ORIG	06/23/0808	INFRASTRUCTURE COMM	/ /	

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LISTING OF PLANNING BOARD **ACTIONS**

STAGE:

STATUS [Open, Withd]
O [Disap, Appr]

FOR PROJECT NUMBER: 8-10

NAME: LOUIE'S AUTO DRIVING SCHOOL
APPLICANT: LUIS MERCACO

--DATE-- MEETING-PURPOSE-----ACTION-TAKEN-----

06/23/2008 WORK SESSIONS ATTENDED SUBMIT

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LISTING OF PLANNING BOARD SEQRA ACTIONS

FOR PROJECT NUMBER: 8-10
NAME: LOUIE'S AUTO DRIVING SCHOOL
APPLICANT: LUIS MERCACO

	DATE-SENT	ACTION-----	DATE-RECD	RESPONSE-----
ORIG	06/23/2008	EAF SUBMITTED	06/23/2008	WITH APPLIC
ORIG	06/23/2008	CIRCULATE TO INVOLVED AGENCIES	/	/
ORIG	06/23/2008	LEAD AGENCY DECLARED	/	/

**FIRE INSPECTOR'S
INTER-OFFICE CORRESPONDENCE**

TO: Genaro Argenio, Planning Board Chairman

FROM: Kenneth Schermerhorn, Asst. Fire Inspector (K)

SUBJECT: PB-08-10
SBL: 42-1-15
Louie's Auto Driving School

DATE: July 7, 2008

Fire Prevention Reference Number: FPS-08-024

A review of the above referenced site plan has been conducted and is disapproved for the following reason:

- 1) 30 foot Fire Dept. Access requires apparatus to jump concrete curb.

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (845) 563-4615
Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision _____ Lot Line Change _____ Site Plan ☒ Special Permit _____

Tax Map Designation: Sec. 42 Block 1 Lot 15

BUILDING DEPARTMENT TRACKING NUMBER: PA 2008-320
MUST FILL IN THIS NUMBER

1. Name of Project LOUIE'S AUTO DRIVING SCHOOL

2. Owner of Record LUZ / LUIS MERCADO Phone 845-590-4325

Address: 18 WINDSOR SQUARE DRIVE NEW WINDSOR NY 12553
(Street Name & Number) (Post Office) (State) (Zip)

3. Name of Applicant LUZ / LUIS MERCADO Phone 845-590-4325

Address: 297 WINDSOR HIGHWAY NEW WINDSOR NY 12553
(Street Name & Number) (Post Office) (State) (Zip)

4. Person Preparing Plan JOSEPH BUCCO Phone 845 774 9185

Address: 8 CARLISLE WAY WASHINGTONVILLE NY 10992
(Street Name & Number) (Post Office) (State) (Zip)

5. Attorney _____ Phone _____

Address _____
(Street Name & Number) (Post Office) (State) (Zip)

1. Person to be notified to appear at Planning Board meeting: E-MAIL: JBucco@HVC.RR.COM

JOSEPH BUCCO 845-496-9185 _____
(Name) (Phone) (fax)

2. Project Location: On the EAST side of WINDSOR HIGHWAY NEW WINDSOR NY 12553
(Direction) (Street)

8. Project Data: Acreage 15000 SF Zone C School Dist. NEWBURGH

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes _____ No X

***This information can be verified in the Assessor's Office.**

***If you answer yes to question 9, please complete the attached Agricultural Data Statement.**

10. Detailed description of Project: (Use, Size, Number of Lots, etc.) ADDITION OF 541 SF TO EXISTING BUILDING OF 1097. USE WILL BE COMMERCIAL. PROPERTY IS PRESENTLY COMMERCIAL/LAND. SIZE OF LOT 75'x200', (1) LOT. NO VARIANCE IS REQUIRED.

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no ✓

12. Has a Special Permit previously been granted for this property? yes _____ no ✓

IF THIS APPLICATION IS SIGNED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH THE REVIEW OF THIS APPLICATION.

SWORN BEFORE ME THIS:

23rd DAY OF June 2008

[Signature]
(OWNER'S SIGNATURE)
[Signature]
(AGENT'S SIGNATURE)

[Signature]
NOTARY PUBLIC

DOREEN CREMER
Notary Public, State of New York
No. 01108073350
Qualified in Orange County
Commission Expires April 22, 2010

Please Print Agent's Name as Signed

TOWN USE ONLY:

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DATE APPLICATION RECEIVED

08-10
APPLICATION NUMBER

AGENT/OWNER PROXY STATEMENT
(for professional representation)

for submittal to the:
TOWN OF NEW WINDSOR PLANNING BOARD

Luz / Luis Mercado, deposes and says that he resides
(OWNER)
at 18 Windsor Square Drive New Windsor in the County of ORANGE
(OWNER'S ADDRESS) NY
and State of NEW YORK and that he is the owner of property tax map

(Sec. _____ Block _____ Lot _____)
designation number (Sec. 42 Block 1 Lot 15) which is the premises described in
the foregoing application and that he designates:

Joseph Bucco
(Agent Name & Address)
2 Carlisle Way West Nyack NY 10992
(Name & Address of Professional Representative of Owner and/or Agent)

as his agent to make the attached application.

**THIS DESIGNATION SHALL BE EFFECTIVE UNTIL WITHDRAWN BY THE OWNER OR
UNTIL TWO (2) YEARS FROM THE DATE AGREED TO, WHICHEVER IS SOONER.**

SWORN BEFORE ME THIS:

Luz Mercado
**
Owner's Signature (MUST BE NOTARIZED)

23rd DAY OF June 2008)

[Signature]
Agent's Signature (If Applicable)

Doreen Diemer
NOTARY PUBLIC

DOREEN DIEMER
Notary Public, State of New York
No. 01DI6073350
Qualified in Orange County
Commission Expires April 22, 2012

Jay SP [Signature], R.A.
Professional Representative's Signature

**** PLEASE NOTE: ONLY OWNER'S SIGNATURE MUST BE NOTARIZED.**

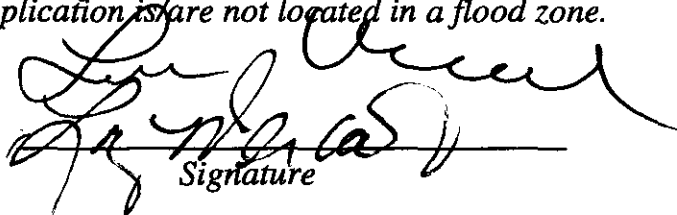
THIS PROXY SHALL BE VOID TWO (2) YEARS AFTER AGREED TO BY THE OWNER

08-10

ATTACHMENTS

- A. Certificate Flood Hazard Area Development.

I Luz/Luis Mercedes hereby certify that the property or properties mentioned in this application ~~is~~ are not located in a flood zone.


Signature

PLEASE NOTE:

*** IF PROPERTY IS NOT LOCATED IN A FLOOD ZONE, PLEASE SIGN ABOVE VERIFYING THAT. RETURN THIS FORM WITH PLANNING BOARD APPLICATION**

**** IF PROPERTY IS LOCATED IN A FLOOD ZONE, PLEASE OBTAIN COMPLETE APPLICATION FROM P.B. SECRETARY.**

08-10

TOWN OF NEW WINDSOR PLANNING BOARD
SITE PLAN CHECKLIST

ITEM

1. ☒ Site Plan Title
2. ☒ Provide 4" wide X 2" high box (**IN THE LOWEST RIGHT CORNER OF THE PLAN**) for use by Planning Board in affixing Stamp of Approval. (ON ALL PAGES OF SITE PLAN).

SAMPLE:



3. ☒ Applicant's Name(s)
4. ☒ **Tax Map Data (Section, Block & Lot). (PLEASE PUT THE TAX MAP NUMBER IN THE CORNER OF THE APPROVAL BOX ALSO**
5. ☒ Applicant's Address
6. ☒ Site Plan Preparer's Name
7. ☒ Site Plan Preparer's Address
8. ☒ Drawing Date
9. ☐ Revision Dates
10. ☒ Area Map Inset and Site Designation
11. ☒ Properties within 500' of site
12. ☒ Property Owners (Item #10)
13. ☒ Plot Plan
14. ☒ Scale (1" = 50' or lesser)
15. ☒ Metes and Bounds
16. ☐ Zoning Designation
17. ☒ North Arrow
18. ☒ Abutting Property Owners
19. ☒ Existing Building Locations
20. ☒ Existing Paved Areas
21. ☒ Existing Vegetation
22. ☒ Existing Access & Egress

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23. ☒ Landscaping
24. ☒ Exterior Lighting
25. ☒ Screening
26. ☒ Access & Egress
27. ☒ Parking Areas
28. ☐ Loading Areas
29. ☒ Paving Details (Items 25 - 27)
30. ☒ Curbing Locations
31. ☒ Curbing through section
32. ☒ Catch Basin Locations
33. ☐ Catch Basin Through Section
34. ☒ Storm Drainage
35. ☒ Refuse Storage
36. ☐ Other Outdoor Storage
37. ☐ Water Supply
38. ☒ Sanitary Disposal System
39. ☐ Fire Hydrants
40. ☒ Building Locations
41. ☒ Building Setbacks
42. ☐ Front Building Elevations
43. ☐ Divisions of Occupancy
44. ☒ Sign Details
45. ☒ Bulk Table Inset
46. ☐ Property Area (Nearest 100 sq. ft.)
47. ☒ Building Coverage (sq. ft.)
48. ☒ Building Coverage (% of total area)
49. ☒ Pavement Coverage (sq. ft.)
50. ☐ Pavement Coverage (% of total area)
51. ☐ Open Space (sq. ft.)
52. ☐ Open Space (% of total area)
53. ☒ No. of parking spaces proposed
54. ☒ No. of parking spaces required

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**REFERRING TO QUESTION 9 ON THE APPLICATION FORM, AIS THIS PROPERTY
WITHIN AN AGRICULTURAL DISTRICT CONTAINING A FARM OPERATION OR WITHIN**

500 FEET OF A FARM OPERATION LOCATED IN AN AGRICULTURAL DISTRICT,
PLEASE NOTE THE FOLLOWING:

55. _____ Referral to Orange County Planning Dept. is required for all applicants filing AD Statement.
56. _____ A disclosure Statement, in the form set below, must be inscribed on all site plan maps prior to the affixing of a stamp of approval, whether or not the Planning Board specifically requires such a statement as a condition of approval.

APrior to the sale, lease, purchase, or exchange of property on this site which is wholly or partially within or immediately adjacent to or within 500 feet of a farm operation, the purchaser or leasee shall be notified of such farm operation with a copy of the following notification.

It is the policy of this State and this community to conserve, protect and encourage the development and improvement of agricultural land for the production of food, and other products, and also for its natural and ecological value. This notice is to inform prospective residents that the property they are about to acquire lies partially or wholly within an agricultural district or within 500 feet of such a district and that farming activities occur within the district. Such farming activities may include, but not be limited to, activities that cause noise, dust and odors.

This list is provided as a guide only and is for the convenience of the Applicant. The Town of New Windsor Planning Board may require additional notes or revisions prior to granting approval.

PREPARER'S ACKNOWLEDGMENT:

THE PLAT FOR THE PROPOSED SITE PLAN HAS BEEN PREPARED IN ACCORDANCE WITH THIS CHECKLIST AND THE TOWN OF NEW WINDSOR ORDINANCES, TO THE BEST OF MY KNOWLEDGE.

BY:

Jay S. Klein
Licensed Professional

June 22, 2008
Date



***** PLEASE NOTE: *****

THE APPLICANT OR THEIR REPRESENTATIVE IS RESPONSIBLE TO KEEP TRACK OF ALL EXPIRATION DATES FOR ANY AND ALL APPROVALS GRANTED TO A PROJECT. EXTENSIONS MUST BE APPLIED FOR PRIOR TO EXPIRATION DATE.

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR <i>Luz / LOUIE MERCADO</i>	2. PROJECT NAME <i>LOUIE'S Auto Driving School</i>
3. PROJECT LOCATION: Municipality <i>NEW WINDSOR New York</i> County <i>ORANGE</i>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <i>297 WINDSOR Highway New York 12553</i>	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <i>EXISTING Residence in a Commercial ZONE. EXPAND EXISTING Building For A Driving School</i>	
7. AMOUNT OF LAND AFFECTED: Initially <i>15000 SF</i> acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: <i>EXISTING Residential in a Commercial ZONE</i>	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: <i>JOSEPH BUCCO</i>	Date: <i>6/23/08</i>
Signature: <i>[Signature]</i>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER
1
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 Reset

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly: 	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain briefly: 	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain briefly: 	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- | | |
|--|--|
| <input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration. | <input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination. |
|--|--|

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from responsible officer)



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